Rec'd PCT/PTO 27 OCT 2005

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

ATTORNEY'S DOCKETY NUMBER PHNL031517 US

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Optical analysis system, blood analysis system and method of determining an amplitude of a principal component" the specification of which (check only one item below): is attached hereto. was filed as United States application Serial No on and was amended on X was filed as PCT international application Number PCT/IB2003/006089 on December 19, 2003 and was amended under PCT Article 19 on (if applicable). I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a). I hereby claim foreign priority benefits under Title 35. United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119: COUNTRY APPLICATION NUMBER DATE OF FILING PRIORITY DAY, MONTH, YEAR **CLAIMED UNDER** 35 USC 119 02080427.4 Europe 19 December 2002 YES

Attorneys Docket Number Combined Declaration For Patent Application and Power of Attorney (Continued) (includes Reference to PCT International Applications) PHNL031517 US POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Direct Telephone Calls to: Jack E. Haken, Reg. No. 26,902 (name and telephone number) Michael E. Marion, Reg. No. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME **INVENTOR** SCHUURMANS Erank-Jeroen Pieter **RESIDENCE &** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 201 CITIZENSHIP Eindhoven The Netherlands The Netherlands POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY **ADDRESS** 5656 AA Eindhoven Prof. Holsitaan 6 The Netherlands FAMILY NAME **FULL NAME OF** FIRST GIVEN NAME SECOND GIVEN NAME INVENTOR **Michael** VAN BEEK Cornelis RESIDENCE & STATE OR FOREIGN COUNTRY 202 COUNTRY OF CITIZENSHIP CITIZENSHIP The Netherlands Eindhoven The Netherlands POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY **ADDRESS** The Netherlands Prof. Holstlaan 6 5656 AA Eindhoven FAMILY NAME **FULL NAME OF** FIRST GIVEN NAME SECOND GIVEN NAME **INVENTOR BAKKER** Levinus Pieter\_ **RESIDENCE &** STATE OR FOREIGN COUNTRY 203 CITY COUNTRY OF CITIZENSHIP CITIZENSHIP The Netherlands Eindhoven The Netherlands POST OFFICE POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY **ADDRESS** Prof. Holstlaan 6 5656 AA Eindhoven The Netherlands FAMILY NAME **FULL NAME OF** FIRST GIVEN NAME SECOND GIVEN NAME INVENTOR RENSEN-Wouter Harry Jacinth STATE OR FOREIGN COUNTRY **RESIDENCE &** COUNTRY OF CITIZENSHIP 204 CITY CITIZENSHIP Eindhoven\_ The Netherlands The Netherlands POST OFFICE POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY **ADDRESS** Prof. Holstlaan\_6 5656 AA Eindhoven The Netherlands **FULL NAME OF FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME INVENTOR **HENDRIKS** Hendrikus Wilhelmus Bernardus **RESIDENCE &** STATE OR FOREIGN COUNTRY 205 CITY COUNTRY OF CITIZENSHIP CITIZENSHIP Eindhoven. The Netherlands The Netherlands POST OFFICE ADDRESS POST OFFICE CITY STATE & ZIP CODE/COUNTRY **ADDRESS** Prof. Holstlaan 6 5656 AA Eindhoven The Netherlands **FULL NAME OF** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME **INVENTOR** HENDRIKS Robert Frans Maria **RESIDENCE &** STATE OR FOREIGN COUNTRY 206 CITY COUNTRY OF CITIZENSHIP CITIZENSHIP Eindhoven\_ The Netherlands The Netherlands

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U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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